

AMENDMENT TRANSMITTAL LETTERDocket No.
0234-0487PUS1Application No.
10/534,799-Conf. #8682Filing Date
November 21, 2005Examiner
B. J. SinesArt Unit
1743

Applicant(s): Yoshikazu YOSHIDA

Invention: MICROFLUIDIC DEVICE AND METHOD FOR PRODUCING THE SAME

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	5	- 20 =	0	x 25.00	0.00
Independent Claims	2	- 3 =	0	x 105.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within second month					230.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					230.00

 Large Entity Small Entity No additional fee is required for this amendment. Please charge Deposit Account No. 02-2448 in the amount of \$ 230.00.
A duplicate copy of this sheet is enclosed. A check in the amount of \$ _____ is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge and credit Deposit Account No. 02-2448
as described below. A duplicate copy of this sheet is enclosed. Credit any overpayment. Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

G. M. W. #43595
Marc S. Weiner
Attorney Reg. No.: 32,181

Dated: October 16, 2007

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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

<p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <p>Fee Transmittal For FY 2008</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p>Complete if Known</p> <table border="1"> <tr> <td>Application Number</td> <td>10/534,799-Conf. #8682</td> </tr> <tr> <td>Filing Date</td> <td>November 21, 2005</td> </tr> <tr> <td>First Named Inventor</td> <td>Yoshikazu YOSHIDA</td> </tr> <tr> <td>Examiner Name</td> <td>B. J. Sines</td> </tr> <tr> <td>Art Unit</td> <td>1743</td> </tr> <tr> <td>Attorney Docket No.</td> <td>0234-0487PUS1</td> </tr> </table>		Application Number	10/534,799-Conf. #8682	Filing Date	November 21, 2005	First Named Inventor	Yoshikazu YOSHIDA	Examiner Name	B. J. Sines	Art Unit	1743	Attorney Docket No.	0234-0487PUS1
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<p>TOTAL AMOUNT OF PAYMENT</p>		<p>(\$) 230.00</p>													

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify):	<input type="text"/>
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number:	02-2448	Deposit Account Name:	Birch, Stewart, Kolasch & Birch.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of
fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

	<u>Small Entity</u>
<u>Fee (\$)</u>	<u>Fee (\$)</u>
50	25
210	105
320	195

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
5	- 20 = 0	x 25.00	= 0.00

HP = highest number of total claims paid for, if greater than 20.

Multiple Dependent Claims

Indep. Claims Extra Claims Fee (\$)
2 - 3 = 0 x 105.00 =

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

D. OTHER FEE(S) _____ **Fees Paid (\$)** _____

Non-English Sp

Other (e.g., late filing surcharge): 2252 Extension for response within second month 230.00

REMITTED BY _____

Signature

Signature	Gavin Yule #45341	(Attorney/Agent)	32,181	Telephone	(703) 205-8000
Name (Print/Type)	Marc S. Weiner for			Date	October 16, 2007